



**DIVISION OF CHARITY BINGO**  
**214 State Capitol**  
**Atlanta, Georgia 30334**  
**bingo@sos.ga.gov**

FOR DIVISION OF CHARITY BINGO USE ONLY

REGION:	
FP:	

**PERSONAL HISTORY & BACKGROUND**

INSTRUCTIONS: This form must be executed under oath, by every officer, director, board member and person associated with operations, advertising, or promoting a bingo operation, or who has a vote within the organization on how bingo funds are expended.. **TYPE OR PRINT LEGIBLY.** Each question must be answered fully. This form, including a passport-size photograph for all the above individuals, must be submitted with each application for a Bingo license. Renewal license applications must include the same on any unapproved workers and all new officers listed on renewal applications.

1. Full Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
First Middle Last

2. Name of Organization of which this personal history is a part (include Post/Lodge/Club No.) \_\_\_\_\_

3. Are you a member of this organization.? YES ( ) NO ( ) How long have you been a member of this Post/Lodge/Club? \_\_\_\_\_  
Your position in organization? \_\_\_\_\_ Salary? \_\_\_\_\_ Type of Membership? \_\_\_\_\_  
(Regular, Auxiliary, Honorary, Associate, other)

4. Other names used by you (include maiden name) \_\_\_\_\_

5. BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_ RACE \_\_\_\_ SEX \_\_\_\_ HEIGHT \_\_\_\_ WEIGHT \_\_\_\_ COLOR EYES \_\_\_\_ COLOR HAIR \_\_\_\_

6. Place of Birth \_\_\_\_\_ Are you a U.S. Citizen? Yes ( ) NO ( ) By Birth? \_\_\_\_\_ Naturalized? \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

7. Are you a Georgia Resident? Yes ( ) No ( ) How long have you resided in Georgia? \_\_\_\_\_

8. Home Address \_\_\_\_\_ Home Phone No. (\_\_\_\_) \_\_\_\_\_  
Street number and name City State Zip Area Code & Number

9. Mailing Address if different from above \_\_\_\_\_  
(P. O. Box) City State Zip

10. Business Address \_\_\_\_\_ Work Phone No. (\_\_\_\_) \_\_\_\_\_  
Street City State Zip Area Code & Number

11. Military Service \_\_\_\_\_  
Branch Serial Number Years of Service Type of Discharge

12. Single ( ) Married ( ) Other \_\_\_\_\_ Full Name of Spouse (include maiden name) \_\_\_\_\_  
Date of Marriage: \_\_\_\_/\_\_\_\_/\_\_\_\_ Spouse's SSN \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer \_\_\_\_\_

13. Employment Record (in reverse chronological order) for the last five (5) years; if self employed give details of employment.

FROM		TO		EMPLOYER	STATE	OCCUPATION	SALARY	REASON FOR LEAVING
Mo.	Yr.	Mo.	Yr.					

14. List in reverse chronological order all your residences for the last five years:

FROM		TO		STREET	CITY	STATE	ZIP
Mo.	Yr.	Mo.	Yr.				

15. Are you a bingo worker for any other organization? YES ( ) NO ( )

List name of the previous organization(s): \_\_\_\_\_

16. **Have you ever been convicted of a violation of any federal, state, county or municipal law?** (Include pleas of Nolo Contendere). **YES** ( ) **NO** ( ). Include traffic violations such as **DUI, Homicide by Vehicle, Serious Injury by Vehicle, Fleeing or Attempting to Elude a Police Officer, and Impersonating a Law Enforcement Officer**. Do not list other minor traffic violations. List the offense, date of offense, location (City or County), and provide the disposition of case (i.e., dismissed, nolle prossed, suspended, 1st offender waiver, convicted). If you have a conviction or pled Nolo Contendere, list the sentence and/or fine imposed. Use additional sheets as necessary to completely answer this question.

(1)

Offense	Date	Location	Disposition of Case	Sentence and/or Fine Imposed
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(2)

Offense	Date	Location	Disposition of Case	Sentence and/or Fine Imposed
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(3)

Offense	Date	Location	Disposition of Case	Sentence and/or Fine Imposed
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(4)

Offense	Date	Location	Disposition of Case	Sentence and/or Fine Imposed
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(5)

Offense	Date	Location	Disposition of Case	Sentence and/or Fine Imposed
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18. Attach a passport-size photograph taken within the past two years.  
Write name and organization associated with on the back of photo.  
**Do not submit xeroxed copies of driver's licenses!**

(Attach Photograph Here)

**\*\*NOTE:** Before signing this statement, check all answers to see that all questions have been answered completely. This statement is to be executed under oath and is subject to the penalties for false swearing.

#### PRIVACY ACT NOTIFICATION

The Privacy Act of 1974 provides that each State agency inform individuals from whom information is solicited as to the authority for the solicitation of such information and whether disclosure of the information is mandatory or voluntary. The principal purpose for soliciting the information requested herein is to administer the State Bingo Laws and Regulations. The completion of all appropriate items is voluntary. The failure to furnish or supply information, or the furnishing of misleading or untrue information will cause denial of the bingo license applied for or denial of the applicant officer/worker of the organization shown in Item 2 hereof.

#### VERIFICATION

State of Georgia, \_\_\_\_\_ County

I, \_\_\_\_\_ do solemnly swear, subject to the penalties of false swearing, that the statements and answers made by me in the foregoing personal statement are true.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Applicant's signature (full name and in ink)

#### ADDITIONAL APPLICANT CONTACT INFORMATION:

Applicant's Cellular Telephone Number: \_\_\_\_\_

Applicant's Contact Email Address: \_\_\_\_\_